



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1724-MC-FFS

DATE: October 24, 2016

TO: Iowa Medicaid Hospitals, Physicians, Advanced Registered Nurse Practitioners, Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Certified Nurse Midwives (CMNs)

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: IA Health Link Newborn Eligibility

EFFECTIVE: April 1, 2016

The IA Health Link managed care program began on April 1, 2016. This letter is intended to clarify Medicaid eligibility, the application process, and the coverage of services for newborn infants under Iowa Medicaid FFS and the IA Health Link program, administered by the Managed Care Organizations (MCOs).

Medicaid Eligibility:

Newborn children are eligible for Medicaid automatically if the mother is Medicaid eligible the month of the child's birth. The mother can establish eligibility before the birth or retroactively, after the birth. In these cases, an application is not required to add the newborn child to Medicaid.

When the mother is not Medicaid eligible, but there are other household members on Medicaid, a new application in this case is not required either.

In both of the scenarios above, the birth must be reported to the Income Maintenance Customer Service Center (IMCSC) at 1-877-347-5678 in order for the newborn to be added to the mother's Medicaid case.

Newborns that are not born to a Medicaid eligible woman would need to be determined eligible for Medicaid through the application and eligibility determination process. All eligibility requirements would need to be met before the newborn can be approved for Medicaid.

Coverage for Newborn Infants of Medicaid-Eligible Woman:

A newborn child born to a Medicaid-eligible mother shall receive Medicaid without an application or eligibility determination through the child's first year of life as long as the child remains an Iowa resident. This includes children born to women who are eligible for emergency services.

A newborn of a Medicaid-eligible woman is eligible for Medicaid beginning with the month of birth once the birth is reported to the department. A Medicaid-eligible mother is required to report the birth of the newborn to the department by calling IMCSC at 1-877-347-5678 within 10 days of the birth of the newborn. The provider may also report the birth of the newborn by submitting a Newborn Notification form to IMCSC.

Once the mother reports the birth, the income maintenance (IM) worker will add the newborn to the mother's Medicaid case and assign the newborn a Medicaid state ID (SID). A Notice of Action (NOA) that includes the newborn's SID is mailed to the household. The newborn child born to Medicaid-eligible mothers will automatically be enrolled in the same MCO as the mother, as long as the newborn remains in the custody of the Medicaid-eligible mother during the month of birth.

Enrollment in a different MCO will follow the same process as all Medicaid MCO disenrollment and re-enrollment timeframes, and is described in [Comm. 499](#)¹.

Claims for services rendered prior to the newborn having been assigned a SID and approved for Medicaid, need to be held and submitted once the newborn's eligibility for Medicaid has been established. The MCO is responsible for all costs associated with the pregnancy, birth, and post-partum services for their enrolled Medicaid members.

The MCOs have programs specifically designed to provide enhanced care coordination for members who are pregnant. Many times, these members are identified through claims that are submitted for maternity services. Members are welcomed and encouraged to notify their MCO of a pregnancy, as they may be eligible for these enhanced services.

In situations where a newborn is removed from the mother's custody, the newborn may not be automatically assigned to the same MCO as the mother. In these situations, contact the local DHS office in the county where the mother resides for additional information on how to proceed.

Coverage for Newborn Infants of a *hawk-i* eligible Woman:

A newborn is not automatically covered either through *hawk-i* or Medicaid. The initial enrollment must be based on an application.

Newborn infants must be determined Medicaid-eligible for the date(s) on which services are provided in order for payment to be made for the services rendered. Once the newborn infant is determined eligible, the child will be under Medicaid FFS initially. The managed care enrollment process will begin after that occurs.

Coverage for Newborn Infants of a Presumptively Eligible (PE) or Non-Medicaid-eligible Woman:

Newborn infants of PE or a non-Medicaid-eligible woman are not automatically eligible for Medicaid. The initial enrollment must be based on an application or a request to add the newborn to an existing Medicaid case.

¹ <https://dhs.iowa.gov/sites/default/files/Comm499.pdf>

Newborn infants must be determined Medicaid-eligible for the date(s) on which services are provided in order for payment to be made for the services rendered. Once the newborn infant is determined eligible, the child will be under Medicaid FFS initially. The managed care enrollment process will begin after that occurs.

A “Provider Quick Reference Guide” is included with this letter and addresses the various eligibility scenarios and how to proceed under each one.

Prior Authorization (PA) and Billing Instructions for Managed Care Organizations and Medicaid FFS:

PAs for newborns that do not have a Medicaid SID:

Amerigroup Iowa, Inc.: Providers calling regarding the notification of admission should use the mother’s Medicaid SID/Amerigroup ID number. If the newborn goes to the NICU and does not yet have their own SID, the mother’s SID is used until notification of the newborn’s SID is received.

AmeriHealth Caritas of Iowa, Inc.: If the mother was covered at delivery and the newborn is either detained or needs other services approved prior to having a Medicaid SID, the case is reviewed for medical necessity. When the results of the review are shared with the provider, the provider is informed that they must have the newborn’s SID to bill.

UnitedHealthcare Plan of the River Valley, Inc.: The authorization for the newborn will be tracked in a shell account linked to the mother’s account until a Medicaid SID is assigned to the newborn. Please call Provider Services at 888-650-3462 to notify UnitedHealthcare of the delivery.

Medicaid FFS: No PA is required.

Payment of newborn services when the newborn does not have a Medicaid SID:

Amerigroup Iowa, Inc.: Claims cannot be processed without a SID. Claims cannot be held until a SID is received.

AmeriHealth Caritas of Iowa, Inc.: Providers should bill claims once the newborn is issued a Medicaid SID.

UnitedHealthcare Plan of the River Valley, Inc.: Providers should bill claims once the newborn is issued a Medicaid SID.

Medicaid FFS: Providers should bill claims once the newborn is issued a Medicaid SID.

When should providers bill for the newborn?

Amerigroup Iowa, Inc.: Providers may bill for newborn delivery and other newborn services separately from the claims for services provided for the mother. It is not recommended that the provider hold the claims but that they bill separately until the required information is obtained.

AmeriHealth Caritas of Iowa, Inc.: Providers should not bill claims until the newborn is issued a Medicaid SID.

UnitedHealthcare Plan of the River Valley, Inc.: Providers should not bill claims until the newborn is issued a Medicaid SID.

Medicaid FFS: Providers should not bill claims until the newborn is issued a Medicaid SID.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at imeproviderservices@dhs.state.ia.us.

Provider Quick Reference Guide:

The step-by-step action chart below can be used as a quick reference guide for the different eligibility scenarios.

If the mother is...	Then...
<ul style="list-style-type: none">• Medicaid-eligible,• Enrolled in an MCO on the date the newborn is delivered, and• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to call the IMCSC to have the newborn added to her Medicaid case, or the provider may send a newborn notification to the IMCSC to have the newborn added to the mother's Medicaid case.• The newborn will be enrolled with the same MCO in which the mother is enrolled, for the month of birth.
<ul style="list-style-type: none">• Medicaid-eligible,• Not enrolled in an MCO on the date the newborn is delivered, and• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to call the IMCSC to have the newborn added to her Medicaid case, or the provider may send a newborn notification to the IMCSC to have the newborn added to the mother's Medicaid case.• The newborn will be Medicaid FFS for the month of birth.
<ul style="list-style-type: none">• Medicaid-eligible,• Enrolled in an MCO on the date the newborn is delivered, and• Newborn will not remain in the mother's custody	<ul style="list-style-type: none">• The newborn's guardian or authorized representative should contact the local DHS office in the county where the mother resides for additional assistance on how to proceed.
<ul style="list-style-type: none">• hawk-i eligible• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to complete a Medicaid application for the newborn.• If approved for Medicaid, the newborn will be FFS Medicaid until enrolled with an MCO.
<ul style="list-style-type: none">• Presumptively Medicaid-eligible, and• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to complete a Medicaid application for the newborn.• If approved for Medicaid, the newborn will be FFS Medicaid until enrolled with an MCO.
<ul style="list-style-type: none">• Not Medicaid-eligible on the date the newborn is delivered, and• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to complete a Medicaid application for the newborn.• If approved for Medicaid, the newborn will be FFS Medicaid until enrolled with an MCO.
<ul style="list-style-type: none">• Not Medicaid-eligible on the date the newborn is delivered and there are other household members on Medicaid and• Newborn will remain in the mother's custody	<ul style="list-style-type: none">• Mother will need to call the IMCSC to have the newborn added to the existing Medicaid case.